

# **Appendix**

#### **Proforma**

S.no.

Date of registration

Name

Age

Religion

Address

Ph.no.

Socioeconomic status (a) Upper (b) Middle (c) Lower

## **History Taking**

- Age
- Gravida, parity, life issue
- Gestation age
- History of previous LBW pregnancy
- Asymptomatic bacteriuria
- Low socioeconomic status
- Stressful conditions
- · Alcohol intake or smoking

## **Past History**

- Diabetes
- Tuberculosis
- Hypertension
- Sexually Transmitted Diseases
- Systemic Infection- Pneumonia, Appendicitis, Pyelonephritis

Family History

Family history of low birth weight pregnancies

### **Personal History**

History of smoking (H) (W)

(Yes/No) (Yes/No)

History of alcohol (Yes/No) (Yes/No)

# **Menstrual History**

- LMP
- Cycles

#### **Clinical Examination**

General P Height

BP Weight Pallor BMI

Central obesity

#### **Examination**

- Complete general examination.
- Large or small pregnancy weight gain
- Maternal height
- Systemic examination
- · Features of PROM
- PIH
- Toxemia of pregnancy
- IUGR

#### **Consent Form**

This is the clinical study of "To Study the Expression and Role of EGR2 Gene in Term Low Birth Weight Newborns" in the institute of medical sciences, Banarashindu University, Varanasi.

Your participation in this study is voluntary. You may refuse to participate or withdraw from the study at any time without this affecting in any way the medical treatment that you are receiving. If you agree to participate in this study we will collect relevant information from you /your hospital records.

Data from the study will be used for research purposes only. The research results are of no significance to your medical care. There will be no direct benefit to you other than the satisfaction of participating in this research for the possible benefit of future generations. Your participation will give us insights into the problems faced by the patients like yourself and will help us in improving our services. The information concerning your participation in the study will be kept confidential to the full extent permitted by law and used only for scientific purpose."

I have read the explanation about this study and I hereby consent to take part in the study	
Signature of Patient	Signature of witness